



Office for International Students and Scholars

VISA REQUEST FORM FOR VISITING SCHOLARS

DIRECTIONS: All sections of this form must be completed by the department, NOT Visiting Scholars, and must be accompanied by an offer letter stating the specific terms of the appointment. The letter must include salary, dates of the appointment, and any other information relative to the situation. **Visa forms will not be processed without an offer letter.**

SECTION 1: PERSONAL INFORMATION

Family/Last Name:

Given/First Name:

Middle Name:

Sex: Male Female

Date of Birth: _____
Month Day Year
(mm/dd/yyyy)

City and Country of Birth:

Citizenship:

Mailing Address:

Legal Permanent Address:

Telephone number:

Fax Number:

Email Address:

Current Occupation in Home Country: (If Student, please specify Graduate or Undergraduate)

Job Title: Government Civilian
 Central
 Regional
 Local

Job Responsibilities:

Name and Address of Home Employer:

Will the scholar be visiting at any other institution(s) before or after their visit to UD? Yes No
If yes, please explain

SECTION 2: VISA HISTORY

Has the Visiting Scholar previously been in U.S: Yes No U.S Social Security Number (if known):

If yes, please specify all dates: (please attach sheets if more space is required)

From To

From To

From To



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... Section 2 cont.

Type of Visa Held

If other than W/B, B-1, W/T, B-2, who sponsored visa?

(If Visiting Scholar was previously in U.S. on J1/J2 visa, please attach all copies of previous IAP-66/DS-2019 forms. If not available, please attach a letter from the Visiting Scholar stating information on category and dates of previous visits.)

SECTION 3: PROJECT INFORMATION

Department:

Faculty Member or Supervisor:

Telephone number:

Fax Number:

Email Address:

Project type: [] Public domain [] Gov't Restricted Access [] Classified [] Non-Gov't Restricted Access [] Other, please specify

Category of Visiting Scholar: [] Student [] * Research Scholar (5 years limit.) [] * Short-Term Scholar (6 months limit. No extension) [] * Specialist (1 year limit. No extension.) [] **Professor (5 years limit.)

* Project title:

** Class being taught

Is this position a tenure track position? [] Yes [] No

If so, would this individual be considered for the position? [] Yes [] No

Visiting Scholar's dates of appointment From To

Visiting Scholar's primary responsibility [] Research [] Teaching [] Other (Please specify)



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SECTION 4: FUNDING INFORMATION

During the period covered by this form, it is estimated that the following financial support will be provided to this Visiting Scholar by (a minimum of \$10,000 per year is required, plus \$3,000 for each dependent):

A) [] University of Delaware \$

If UD has received funding to support this visitor from U.S Government Agency (such as NSF, FDA, or NIH) or International Agency (such as NATO), list agency, and indicate \$ amount received from each agency.

Agency: \$

Will the Visiting Scholar be the principal investigator on this project? [] Yes [] No

B) [] U.S Government \$

Agency: \$

C) [] Visitor's Government \$

D) [] Personal Funds (Bank Statement needed) \$

E) [] All other organizations \$

\$

Any additional information:

International Service Fee: Please check if the Department [] or the Visiting Scholar [] will pay the \$100 fee.

SECTION 5: DEPENDENT INFORMATION

If spouse and/or children will accompany the Visiting Scholar, please give the following information on each additional person:

Table with 5 columns: Name (Last, First, Middle), Relationship (spouse, son, daughter), Date of Birth (mm/dd/yyyy), City and Country of Birth, Citizenship. The table contains 7 empty rows for data entry.



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SECTION 6: AUTHORIZATION

Name of the person completing form: _____ Email: _____

Phone: _____ Signature: _____ Date: _____

Approval/ Department Chairperson:

CHECKLIST: The complete request packet should include all the following:

- Visa Request Form for Visiting Scholar
- Visa information on previous visits (all copies of previous IAP-66/DS-2019 forms or letter from Visiting Scholar)
- Offer letter (with terms of appointment)
- Proof of funding (if not from UD)

MAILING INSTRUCTIONS:

- Regular Airmail
- Express Mail (completed international air bill must be attached)
- Pick up (Name: _____ Telephone number: _____)

Please return the complete request packet to:

Office for International Students and Scholars
413 Academy Street
Newark, DE 19716-6410

Tel: (302) 831-2115
Fax: (302) 831-2123
Email: oiss@udel.edu